

CITY OF GLOUCESTER – INSPECTIONAL SERVICES
3 POND ROAD, GLOUCESTER, MA 01930
978 281-9774 PHONE 978 282-3036 FAX
Massachusetts State Building Code, 780 CMR, 7th edition
Building Permit Application to Construct, Repair, Renovate or Demolish a
Building Other than One- or Two-Family Dwelling

This Section for Official Use Only

CONTRACTOR INFO ☐ current ☐ needs updating **INSURANCE INFO** ☐ current ☐ will fax

Signature _____ Date _____ Building Code Edition _____
Building Commissioner/Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address

1.1a Is this a change of use? Yes ☐ No ☐

1.2 Assessors Map & Lot Numbers

Map _____ Lot _____

1.3 Zoning Information

Zoning District _____ Current Use _____ Proposed Use _____

1.4 Property Dimensions

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply (M.G.L. c.40 § 54)

Public ☐ Private ☐

1.7 Flood Zone Information

Zone _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System

Municipal ☐
On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record

Name (Print) _____ Address for Service _____
Signature _____ Telephone _____

SECTION 3: CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor

Licensed Construction Supervisor _____
Address _____
Signature _____ Telephone _____

Not Applicable ☐

License Number _____
Expiration Date _____

3.2 Registered Home Improvement Contractor

Company Name _____
Address _____
Signature _____ Telephone _____

Not Applicable ☐

License Number _____
Expiration Date _____

SECTION 4: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C (6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit attached Yes ☐ No ☐ On file ☐

SECTION 5: PROFESSIONAL DESIGN & CONSTRUCTION SERVICES-FOR BUILDINGS & STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)**5.1 Registered Architect**Not Applicable ☐

Name (Registrant) _____

Address _____

Signature _____

Telephone _____

License Number _____

Expiration Date _____

5.2 Registered Professional Engineer(s)

Name (Registrant) _____

Address _____

Signature _____

Telephone _____

Area of Responsibility _____

Registration Number _____

Expiration Date _____

Name _____

Address _____

Signature _____

Telephone _____

Area of Responsibility _____

Registration Number _____

Expiration Date _____

Name _____

Address _____

Signature _____

Telephone _____

Area of Responsibility _____

Registration Number _____

Expiration Date _____

Name _____

Address _____

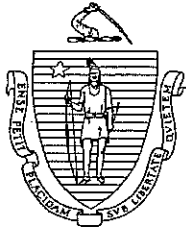
Signature _____

Telephone _____

Area of Responsibility _____

Registration Number _____

Expiration Date _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

SECTION 6: DESCRIPTION OF PROPOSED WORK (check all applicable)									
New Construction <input type="checkbox"/>		Existing Building <input type="checkbox"/>		Repair(s) <input type="checkbox"/>		Alterations <input type="checkbox"/>		Addition <input type="checkbox"/>	
Accessory Bldg. <input type="checkbox"/>		Demolition <input type="checkbox"/>		Other <input type="checkbox"/>		Specify: _____			
Brief Description of Proposed Work:									
SECTION 7: USE GROUP & CONSTRUCTION TYPE									
USE GROUP (check as applicable)						CONSTRUCTION TYPE			
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>		1A	<input type="checkbox"/>		
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>			1B	<input type="checkbox"/>		
B Business	<input type="checkbox"/>					2A	<input type="checkbox"/>		
E Educational	<input type="checkbox"/>					2B	<input type="checkbox"/>		
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			2C	<input type="checkbox"/>		
H High Hazard	<input type="checkbox"/>					3A	<input type="checkbox"/>		
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>			3B	<input type="checkbox"/>		
M Mercantile	<input type="checkbox"/>					4	<input type="checkbox"/>		
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>		5A	<input type="checkbox"/>		
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>			5B	<input type="checkbox"/>		
U Utility	<input type="checkbox"/>	Specify: _____							
M Mixed Use	<input type="checkbox"/>	Specify: _____							
S Special Use	<input type="checkbox"/>	Specify: _____							
COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS, AND/OR CHANGE IN USE									
Existing Use Group _____					Proposed Use Group _____				
Existing Hazard Index 780 CMR 34) _____					Proposed Hazard Index 780 CMR 34) _____				
SECTION 8: BUILDING HEIGHT AND AREA									
BUILDING AREA		Existing (if applicable)			Proposed				
Number of floors or stories include basement levels									
Floor Area per floor (sf)									
Total Area (sf)									
Total Height (ft)									
SECTION 9 STRUCTURAL PEER REVIEW (780 CMR 110.11)									
Independent Structural Engineering Structural Peer Review Required Yes <input type="checkbox"/> No <input type="checkbox"/>									
SECTION 10A OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT									
I, _____, as Owner of subject property hereby authorize _____ to act on my behalf in all matters relative to work authorized by this building permit application.									
_____ Signature of Owner					_____ Date				

SECTION 10b OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information of the foregoing application are true and accurate to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner/Agent _____

Date _____

SECTION 11: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Labor & Materials)	For Office Use Only
Building	\$ _____	Permit Fee \$50.00 plus \$10.00 per thousand on the 'Total Project Cost' Permit Fee..... \$ 50.00 Total Project Cost _____ x10 \$ _____ Total Fee: \$ _____ Check No. _____ Amount _____ Cash _____ <input type="checkbox"/> Paid in Full Balance due \$ _____
Electrical	\$ _____	
Plumbing	\$ _____	
Mechanical (HVAC)	\$ _____	
Mechanical (Fire Suppression)	\$ _____	
Total Project Cost	\$ _____	

If box below is checked below then sign-off is required by that department.

<input type="checkbox"/> Assessor	Verify Owner Name	Date _____	N/A _____	Approved _____
	Verify Map & Lot	Date _____	N/A _____	Approved _____
<input type="checkbox"/> B.O.H.	Demolition	Date _____	N/A _____	Approved _____
	Septic	Date _____	N/A _____	Approved _____
	Well	Date _____	N/A _____	Approved _____
	Other	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Engineering	Compensatory Sewer Fee	Date _____	N/A _____	Approved _____
	Sewer Connection	Date _____	N/A _____	Approved _____
	Drainage Design	Date _____	N/A _____	Approved _____
	Curb Cuts	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Fire Dept.	Smoke Detectors	Date _____	N/A _____	Approved _____
	Sprinklers	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Conservation Commission		Date _____	N/A _____	Approved _____
<input type="checkbox"/> DPW	Water	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Planning Department	Access	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Other (if needed)		Date _____	N/A _____	Approved _____

Comments _____

Is there any Electrical Work? Yes ☐ No ☐
 Is there any Plumbing Work? Yes ☐ No ☐
 Is there any Mechanical Work? Yes ☐ No ☐

